



HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, ASB TOWER 970
 P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: 587-0460 FAX: 587-0470
 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

'07 JAN -9 A11 :03

F49
HCU

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Fitchett, Dorie			941-0446
MAILING ADDRESS (Street)			FAX
1654 S. King St.			945-0019
(City)	(State)	(Zip Code)	
Honolulu, HI 96826			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Credit Union League			941-0556
MAILING ADDRESS (Street)			FAX
1654 S. King St.			945-0019
(City)	(State)	(Zip Code)	
Honolulu, HI 96826			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Dorie Fitchett			941-0556
MAILING ADDRESS (Street)			FAX
1654 S. King St.			945-0019
(City)	(State)	(Zip Code)	
Honolulu, HI 96826			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below) <u>Financial Institutions</u>
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Marie Fitchett

(Signature of Lobbyist)

1/3/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Dennis K. Tanimoto, President	

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Credit Union League	941-0556

MAILING ADDRESS (Street)	FAX
1654 S. King St.	945-0019

(City) (State) (Zip Code)

Honolulu, HI 96826

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

[Signature]

(Signature of Authorizing Officer or Person Represented)

January 3, 2007

(Date)